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## BIB DATA SHEET

CONFIRMATION NO. 7248

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/552,443	08/16/2006	424	1647			
<b>RULE</b>						
<b>APPLICANTS</b> John J. Kopchick, Athens, OH; Bruce Kedler, Athens, OH; Keith S Boyce, Wexford, OH; Andres Kriete, Pittsburgh, PA;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/10191 04/02/2004 which claims benefit of 60/460,415 04/07/2003 and claims benefit of 60/506,716 09/30/2003						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 03/15/2007						
Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		OH	0	21	4
Verified and Acknowledged	/DANIEL C GAMETT/ Examiner's Signature		Initials			
<b>ADDRESS</b>						
John J. Kopchick 4 Orchard Lane Athens, OH 45701 UNITED STATES						
<b>TITLE</b>						
Diagnosis of hyperinsulinemia and type II diabetes and protection against same						
<b>FILING FEE RECEIVED</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		
920						